

CHAPTER 11. MEDICAL MILCON PROJECTS (BLIC "NF" AND "MB" REQUIREMENTS)

11-1. INTRODUCTION

This chapter provides an overview of the events and responsibilities associated with a medical MILCON project. MEDCASE requirements must meet the eligibility threshold of \$250,000 (unit price) under DHP Procurement funding. Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items that are not funded with MILCON funds. Specific responsibilities and procedures related to the identification and initiation of MEDCASE requirements associated with medical MILCON projects are provided in chapter 3.

11-2. OVERVIEW OF A MEDICAL MILCON PROJECT

a. Authority. The U.S. Congress approves medical MILCON projects. Congressional approval is based upon the description of the project submitted to Congress on a DD Form 1391 (Military Construction Project Data). This form is prepared by the installation Directorate of Public Works, with major input from the USAHFPA. The approved construction project is statutorily limited to the work described on the DD Form 1391.

b. Project Design. There are six submittal and design reviews associated with the development of a project, beginning with concept design drawings and leading to final drawings at the Sixth Submittal (S6) design stage. Design reviews are held during the First Submittal (S1) through (S6). Each design review results in an updated set of drawings. Beginning with the Third Submittal (S3) design stage, drawings will reflect room layouts and recommended equipment placement. As the project continues, HFPA's Equipment Planners develop the Project Rooms Report that provides a room-by-room listing of all equipment requirements.

c. Funding.

(1) There are three types of funding associated with medical MILCON projects: BLIC "MB" and BLIC "NF" And Operations and Maintenance (O&M) Initial Outfitting Funds.

(a) Medical MILCON funds are appropriated by Congress to build or renovate a facility, and acquire certain items of installed equipment.

(b) MEDCASE funds are programmed by the USAMEDCOM to acquire the equipment. MEDCASE requirements must meet the eligibility threshold of \$250,000 (unit price). Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items not funded by MILCON funds, but necessary to make the new facility "complete and usable."

(c) O&M funds are programmed by the USAMEDCOM to acquire SuperCEEP and CEEP equipment (unit price less than \$250,000) necessary to make the new facility "complete and usable" or constructing and equipping a facility to enable the facility to achieve the purpose for which it was constructed. For

information on requesting O&M funds for initial outfitting of new construction projects, contact the:

CDR, USAMEDCOM
ATTN: MCLO
2050 Worth Rd, Suite 8
Fort Sam Houston TX 78234-6008
Commercial telephone 210-221-7119

(2) Funds management:

(a) BLIC "MB": Corresponds to the medical MILCON funds set aside for the acquisition of certain items of installed equipment called for in the project plans. MILCON funds are managed by the Army Corps of Engineers Engineering District having oversight of the project.

(b) BLIC "NF": Corresponds to the MEDCASE funds that are programmed by the USAMEDCOM for the acquisition of investment equipment required for a new facility.

(c) DHP "O&M": Corresponds to the local operating funds programmed by the USAMEDCOM for the acquisition of SuperCEEP and CEEP equipment required for a new facility.

d. Equipment Planning. Equipment planning for a project begins when the USAHFPA uses a computer-generated planning document that lists the total equipment requirements, by room, anticipated for each project. This planning document is known as the Project Rooms Report (PRR). As the project continues, the architects develop an Equipment and Casework Schedule that supersedes the PRR. The equipment and casework schedule provides a "refined" room-by-room listing of equipment requirements.

(1) As discussed in chapter 3, the PRR is based on the final design (S6) drawings for the project. It lists the equipment requirements and equipment placement within the new facility. The activity along with the HFPO are responsible for making the necessary adjustments of the equipment listing to accurately reflect the specific needs of the facility. The equipment list is a planning document that provides a "starting point" for the identification of equipment requirements, and the initiation of MPRs. The identification and initiation of MEDCASE requirements for a project is the responsibility of the activity.

(2) The PRR is usually available to the activity prior to commencement of construction. The activity should establish a time-line for planning the critical actions that must be accomplished, to include the initiation of MEDCASE requirements.

11-3. LOGCAT CODES

a. General. LOGCAT codes are single letter designators that delineate responsibility for the acquisition and installation of the equipment required for a project. LOGCAT codes are used in the PRR and later in the project's final design drawings. LOGCAT codes are explained in Table 11-1.

TABLE 11-1. LOGISTICAL CATEGORY CODES

LOGCAT CODES	
LOGCAT "A"	Contractor Furnished and Contractor Installed ⁽²⁾
LOGCAT "B"	Government Furnished and Contractor Installed ⁽¹⁾
LOGCAT "C"	Government Furnished and Government Installed ⁽¹⁾
LOGCAT "E"	Government Furnished and Contractor Installed ⁽³⁾
LOGCAT "F"	Government Furnished and Government (by 2 nd Source Vendor) Installed ⁽³⁾
NOTES:	
(1) Typically paid for by activity's DHP O&M funds or MEDCASE BLIC "NF" (if eligible).	
(2) Paid for by major medical MILCON funds - Not MEDCASE.	
(3) Funded through the major medical MILCON-MEDCASE (BLIC "MB") Program.	

b. Funding Responsibilities.

(1) LOGCAT "A" items are provided by the construction contractor as part of the project and paid for by MILCON funds.

(2) LOGCAT "E" and "F" items are acquired through the MEDCASE program as BLIC "MB" requirements paid for by MILCON funds. LOGCAT "F" items are generally installed diagnostic imaging systems.

(3) The LOGCAT codes are identified in the PRR.

11-4. REFERENCES AND RESOURCES

The following documents are available to assist the activity in managing the equipment requirements for a facility construction/renovation project.

a. DD Form 1391. The DD Form 1391 describes the scope and provides the approval for the project. It also contains the justification for the project that was submitted to Congress. The DD Form 1391 is a useful document for activity commanders, logisticians, and MEDCASE managers.

b. Program For Design (PFD). The PFD is produced early in the planning process. The Defense Medical Facilities Office (DMFO)/Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA), is responsible for programming and space planning of medical construction projects. DMFO organizes the study around the mission of the facility and the projected workload. It can also provide information (i.e., regarding mission and work load) that can be useful in preparing the justification for MPRs.

c. Final Drawings. The final drawings for a new or renovated facility will reflect room layouts and equipment placement, and will contain PRR. (**Note:** This schedule may be included within the contract specifications which accompany the final drawings.) The information in these documents is based upon the PRR.

d. PRR. The PRR is the initial Equipment Planning document. It is produced at the S-4/S-5 design stage.

e. Military Standard (MIL-STD) 1691. MIL-STD 1691 (Construction and Materiel Schedule for Military Medical and Dental Facilities), is a Tri-Services document listing equipment which is commonly reflected in the drawings for military medical construction projects. Each equipment item is referenced by a Joint Service Number (JSN), which is used to identify that item on plans and drawings. The MIL-STD also provides a short functional description of the item, indicates its utility requirements, and reflects the LOGCAT Code.

f. The HFPO Guide. This guide is published by the USAHFPA as a resource for their project officers in the field. It contains valuable information concerning the responsibilities involved in a project.

11-5. RESPONSIBILITIES DURING THE PROJECT

a. Activity Commander. The activity commander must ensure that the overall planning effort necessary to support the project and accomplish the transition to the new facility is accomplished. The commander's responsibilities include:

- (1) Providing comments during the project design reviews
- (2) Planning to acquire equipment and furnishings that are compatible with the scope and design of the project
- (3) Appointing a project officer to serve as point of contact with USAHFPA and other agencies/activities regarding the project
- (4) Creating a transition committee to manage transition issues. This minimizes the disruptions to the delivery of patient care.

b. Transition Committee. A transition committee will be established at all activities undergoing a medical MILCON project. The committee will have representation from each affected department/service, the Chief of Logistics, and other impacted/applicable areas in order to:

- (1) Coordinate project review and utilization planning
- (2) Coordinate equipment planning, to include decisions regarding the use or replacement of existing assets (see chapter 3)
- (3) Coordinate transition and movement of equipment and services

c. Chief of Logistics. The importance of the Chief of Logistics in the planning process cannot be overstated. In many, if not most, cases the equipment planning for a new facility must begin before an HFPO is assigned. The Chief of Logistics must ensure programs for the project are established, and that requirements are identified in a timely manner. Logistics responsibilities include:

(1) Advising the transition committee and the commander of the actions that must be accomplished to support the project

(2) Assisting in the identification of requirements by coordinating the Equipment and Casework Schedule with the using services

(3) Coordinating the review and amendment, as appropriate, of the equipment and casework schedule when it is received

d. HFPO. The HFPO is the individual assigned to a construction project for the expressed purpose of fulfilling USAHFPA's project responsibilities and to represent the AMEDD during a medical MILCON project. The HFPO is assigned to the USAHFPA, with duty at the construction site. The HFPO is:

(1) The primary POC between the activity, the USAHFPA, the Engineer District responsible for the project, and the construction contractor.

(2) Responsible for notifying the Chief of Logistics of the equipment delivery dates required to meet construction contract schedules, and for coordinating the turnover of government-furnished/contractor-installed equipment (LOGCATs "B" and "E") to the contractor.

(3) Responsible for contacting the USAMMA at the start of any renewal or new construction project in order to properly understand the activities MEDCASE requirements and to request TARA support. This will assist in the generation of all diagnostic imaging and radiation therapy equipment MEDCASE requirements. By doing this up front and early, time and money will be saved and the MILCON MEDCASE requirements will be front-loaded into the WebMRE. Thus, no MEDCASE packages will be required.